individuals can be combined by the AMA as a force of intelligence for well directed negotiation.

As a medical organization we must at least annually review all our experience under Medicare to determine what effect the operation of the law is having on the quality of care, and thus be in position to recommend appropriate changes.

We anticipate that some physicians will readily take patients under Medicare, that some will take them with misgivings and that others will elect not to do so at all. We can hope that each of us will respect what each of the others decides and that schisms not develop along the lines of decision.

Need for Continuous Poliomyelitis Immunization

IT CAN HAPPEN HERE! According to the morbidity and mortality report of the Department of Health, Education and Welfare, Public Health Service for the week ended 18 September 1965, an epidemic of poliomyelitis in Blackburn, Lancashire, England and in certain smaller contiguous communities has given rise to 50 cases. From these, Type I poliovirus was recovered and all of the patients were either unvaccinated or inadequately vaccinated. The first seven patients were under 20 years of age and they have persistent paralysis; of the remaining 43 patients, all adults, 17 were reported to have varying degrees of paralysis.

Mass immunization throughout the state of California has caused poliomyelitis practically to disappear. This will continue only if infants and children regularly receive poliomyelitis immunization, preferably by way of the oral vaccine. Children are the natural vectors of the disease; note that the first seven cases in Lancashire were all in patients under 20 years of age. There is far more importance in assuring the protection of young children than in attempting vaccination of adults, for thus the children are themselves protected and a considerable degree of protection from exposure is afforded to adults.

Precise necessities for "booster" administration of oral vaccine have never been completely worked out, but it is recommended that all children should have one dose of the trivalent oral vaccine at first school attendance in addition to primary immunization in infancy, as well as one dose of trivalent vaccine at the age of one year when immunization has been done in early infancy. It should be remembered that repeat doses of trivalent vaccine are quite without ill effect, because effective vaccination will permit infection of the gut only by one or another of the three strains against which immunity has not previously been established. Lifetime immunity is believed usually to follow immunization with Sabin vaccine but an occasional dose of the trivalent vaccine at wide intervals, especially throughout childhood and adolescence, would seem to be a safe and salutary method.

EDWARD B. SHAW, M.D.

Dr. Fenlon Goes to Washington

One of ours, near and dear to us, a member of the Council of the California Medical Association and a past president of the San Francisco Medical Society, has for the nonce relinquished the practice of medicine in San Francisco and gone to the nation's capital. We are speaking of Dr. Roberta F. Fenlon, who, upon the passage of Public Law 89-97 — "Medicare" — accepted appointment as Consultant to Arthur E. Hess, Director of the Bureau of Health Insurance of the Social Security Administration.

In her absence her practice will be attended to by an associate, but as all of us recognize who feel most comfortable when working as physicians, she is absenting herself at a considerable personal sacrifice.

We are pleased that she is willing to make that sacrifice, for Dr. Fenlon is well informed, realistic, logical and persuasive. Her work in Washington cannot but serve this nation and her profession well.

We are glad she went. We'll be gladder when she returns.